State of Wisconsin Department of Natural Resources, CF/8 PO Box 7921, Madison, WI 53707-7921

Gypsy Moth Suppression Program Grant Reimbursement Request

Form 2400-131A (9/03)

Page 1 of 5

Notice: Information requested on this form is required to request reimbursement for grant expenditures under ch. NR 47, Wis. Adm. Code. The Department will be unable to process your reimbursement request unless you complete and submit this form. Personal information collected will be used for program administration and may also be made available to requesters under Wisconsin's Open Records law [ss. 19.31 – 19.39, Wis. Stats.]

Municipanty Name		Number	County						
Eli	gible administrative expenses for the period (check								
	☐ July 1 through December 31, postmark deadline January 7.								
	☐ January 1 through June 30, postmark dead								
	, , , ,	•							
	Aerial spray cost records will be kept separately and will a		rsements.						
	Mail completed forms to your DNR Regional Gypsy Moth								
	Treatment blocks that receive aerial insecticide are eligible								
	Number each treatment block that is part of this application Fill out grant reimbursement request and expense workshe		h additional treatment						
Ľ.	block as needed.	ets for each block. Copy these forms for each	ii additional treatment						
F.	Proof of payment for the expenses must be kept on file for 4 years, such as invoices, receipts, canceled checks, copies of								
	newspaper advertisements, time sheets, documentation for travel and mileage.								
G.	The DOA and DOT rates are updated annually and may be								
	http://www.dnr.state.wi.us/org/caer/cfa/LR/gypsy/moth.ht	<u>ml</u> .							
1.	Travel: Mileage accrued in vehicles used in preparation o	f sprayed blocks Mileage is reimbursable							
1.	but must be no more than the DOT standard rates. Summa								
	Worksheet.								
2.	Planning Supplies: Cost of topographic maps, aerial pho	tos, and other supplies needed for planning							
_,	treatment blocks and conducting the spray program. Sumi								
	Worksheet.	-							
3.	Educational materials: Cost of producing or reprinting p	publications, literature and maps necessary							
	to inform the public about the suppression program. Sumn								
	Worksheet.								
4.	Landowner notification supplies: Costs associated with	public relations, supplies and postage for							
	notification letters, publication of legal notices, newspaper								
	required public meetings, phone bills and documented pro	portion of office rental. Summarized from							
	Cash Expenditures Worksheet.								
5.	Communication supplies: Rental of communication equi	pment, cellular phone service from April							
	20 th through June 10 th that is directly related to aerial treati	ments. Summarized from Cash							
	Expenditures Worksheet.								
6.	Municipal Personnel costs: Salary/wage and benefits (no								
	administering the cost share program for treated blocks. P								
	coordinator, contract employees, administrative support, to								
	support. Costs associated with municipal coordinator dutie mass surveys in treated spray blocks, collecting treatment								
	Summarized from Individual Labor Services Worksheet at								
7.	Local Coordinator Personnel costs: Salary/wage and be	enefits (not to exceed the DOA fringe rate)							
	for time administering the cost share program for treated b	locks. Personnel may include the local							
	coordinator, administrative support, temporary employees								
	with local coordinator duties, attending DNR training sess								
	blocks, collecting treatment funds, organizing paperwork, Services Worksheet and Labor Summary.	etc. Summarized from Individual Labor							
	Services Worksheet and Labor Summary.	Total Administrative Expenses	\$						
			ι Ψ						

Gypsy Moth Suppression Program Grant Reimbursement Request Form 2400-131A (9/03) Page 2 of 5

Municipal	ity Name		Treatme	ent Block Number		Coun	ty		
Mileage Tracking Worksheet Maintain record of vehicle use for reimbursement; use local rates, reimbursable up to DOT standard rate. Send this form in with Grant Reimbursement Request. Copy as needed.									
Date	Equipment Used	Rate	X	Total Miles	=	Total Amount	Description of Work Performed		
			X		=				
			X		=				
			X		=				
			X		=				
			X		=				
			X		=				
			X		=				
			X		=				
			X						
			X		-				
			X		=				
				Total	=	\$			

^{*}The DOT rates are updated annually and may be found on the DNR website http://www.dnr.state.wi.us/org/caer/cfa/LR/gypsy/moth.html